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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Guinea-Bissau

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1997 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Guinea-Bissau which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $4,500,000 from general resources, subject to the availability of funds, and $7,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998 to 2002.

* E/ICEF/1997/20.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

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BASIC DA
(1995 unless otherwise state

Child population (millions, 0-18 years)	0.5
U5MR (per 1,000 live births)	227
IMR (per 1,000 live births)	134
Underweight (% moderate and severe, 198	23
Maternal mortality ratio (per 100,000 live births, 199	910
Literacy (% male/female)	68/43
Primary school enrolment (% net, male/female, 1987)	58/32
Primary school children reaching grade 5 (%, 1987)	20
Access to safe water (%)	59
Access to health services (%, 1992)	40
GNP per capita (US$)	250
One-year-olds fully immunized against:	
tuberculosis:	100 per cent
diphtheria/pertussis/tetanus:	100 per cent
measles:	82 per cent
poliomyelitis:	98 per cent
Pregnant women immunized against:	
tetanus:	53 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Guinea-Bissau is a small, least-developed country with a gross national product per capita of $250 and a population of about 1 million. Being a Portuguese-speaking country in a Francophone region, it has until recently remained relatively isolated, entering the zone of the franc de la Communauté financière africaine (African Financial Community franc) only in May 1997. Despite its abundant natural resources, the human resource base of the country is very limited and about half the population live in extreme poverty, while one fifth live under conditions of moderate poverty. The country adopted multi-party democracy in 1994 and is moving with difficulty from a centrally planned to a more liberal economy. As part of the reform process, the Government is moving increasingly towards decentralization. Economic growth and the development of social services are, however, constrained by poor management, weak national capacities and high debt servicing.

2. As the country moves towards a more market-oriented economy, disparities have become more pronounced and more land is increasingly appropriated by fewer people. In the north, intensifying environmental degradation continues to have a severe impact on vulnerable groups. The rate of population growth, at 2.2 per cent, far outstrips economic growth, while the rapid urban growth rate of 5.5 per cent has resulted in a degraded environment in towns and cities.

3. The prospects for child survival are among the poorest in the region; one in four children dies before the age of five years, the main causes being malaria, diarrhoea, acute respiratory and other infections. Access to basic

health services remains limited at 40 per cent, while the quality of health services is still poor because of limited budgets and poorly trained health staff. Military expenditures per capita exceed investment in health services. Poor hygiene practices, general paucity of water and sanitary facilities and the weak capacity of communities and municipalities to maintain water systems all contribute to an unhealthy environment.

4. For those children who survive, the quality of their development is closely linked to and constrained by the situation of women in the country. Women are responsible for providing food for children, usually from their own fields or labour. Income from cash crops is controlled by men, which can have a serious impact on households' availability and allocation of food and by implication on the nutrition of children, especially in those ethnic groups where adult men take their meals first.

5. Traditional practices among girls and women, such as female genital mutilation (FGM), create or exacerbate problems leading to ill health and premature death. It is estimated that as many as 50 per cent of the girls in the country are subject to FGM. A heavy workload, a high birth rate and inadequate legal protection are other factors that result in a diminished quality of life for women and, by extension, children. The country is also notable for its high maternal mortality ratio, which is due to a number of reasons, among them lack of adequate antenatal care, weak referral systems, and too-early childbirth.

6. Development of the children of Guinea-Bissau is also constrained by poor access to schooling, particularly for girls. In certain regions such as Gabu, for example, the enrolment rate for girls is about half that of boys. In this same region, the school drop-out rate for girls is as high as 82 per cent and only 5 per cent of women can read and write, in contrast to 22 per cent of men. This is a reflection in general of the socio-cultural status of women and of the perception that education has little functional use. There is one primary school teacher for every 50 school-age children, and of this limited number, one quarter are female teachers.

7. Many of the problems concerning health, hygiene, nutrition and education are rooted in ingrained habits and certain traditional beliefs. The process of behavioural change, however, faces an uphill struggle, since the information and communication structures are weak and nearly half the population is illiterate. A general lack of awareness of healthy practices, early sexual activity and increasing prostitution have contributed to a rise in sexually transmitted diseases (STDs), with a sero-prevalence of HIV among the adult population estimated at 10 per cent.

8. The weakness of the country's human resource base, economy and infrastructure limits the long-term improvements that can be brought about by efforts to improve its basic social services. On the positive side, the country is small and the population is relatively easy to reach.

PROGRAMME COOPERATION, 1994-1997

9. The previous country programme aimed at achieving the mid-decade goals on a national basis. In general, the strategies used proved to be appropriate and effective, yielding some positive results. However, national coverage was difficult to achieve and resources, both human and financial, were insufficient

to attain all the goals of the country programme. The Government in effect recognized this fact when it decided to extend the period of the national programme of action (NPA) to 2002. A 1995 evaluation of the implementation of the Bamako Initiative in one of the country's nine administrative regions, covering 14 per cent of the total population, showed that the Initiative had ensured community management, increased the availability of services and the quality of care and lowered drug prices by 2 to 10 times compared to the private sector. The evaluation also identified institutional weaknesses and highlighted the lack of human and financial resources at local levels, with communities contributing only 10 per cent to the cost of essential drugs. Another assessment by the West and Central Africa Regional Office highlighted the lack of donor coordination, especially in the health and water sectors.

10. Another important lesson arose from the expanded programme on immunization (EPI), which was operated as a separate, vertical programme. While there were encouraging results for overall immunization rates, two EPI evaluations showed that the greatest constraint to sustained immunization coverage was the lack of awareness among mothers about the need to vaccinate their children.

11. By developing non-formal education strategies for girls, their attendance in community schools and madrassas (Koranic schools) increased to 41 per cent in selected areas of Bissau. A study of the whole education sector by the World Bank found that parents were more likely to send their daughters to such schools because of the curriculum and their proximity to home. In both the formal and non-formal education sectors, UNICEF worked with partners to improve the quality of education. Similarly, community management of water and sanitation facilities proved effective. For example, in two districts of the region of Cacheu, where coverage rose to 80 per cent (equivalent to 13 per cent of national water coverage), community management helped to prevent the spread of cholera during an epidemic in 1995.

Lessons learned

12. The experiences and evaluations of the previous country programme and the mid-term review together have yielded a number of useful lessons for the proposed programme. First, the mid-term review identified a clear need to focus programme interventions in selected regions to facilitate greater convergence and allow for expansion as new experiences are gained and more funds become available. Another lesson learned was the need for different sectoral programmes to converge in order to maximize impact. Furthermore, it was recommended that the hitherto vertical approach to immunization and other disease-specific interventions be part of an integrated approach emphasizing information, communication and social mobilization activities and community ownership and management. The mid-term review also recommended better coordination with bilateral donors, United Nations agencies and non-governmental organizations (NGOs). Given the yet fragile government administration and poor technical capacity at national and regional levels, but also because of their capacity for mobilization of civil society and active community participation in programme development, a broader involvement of NGOs in programme delivery was suggested. Finally the review recommended the establishment of an independent centre for social communication to serve all social sector activities.

13. Such lessons have been applied to the development of the proposed country programme, which will therefore emphasize the convergence of interventions and a focused approach which had been proven effective in the implementation of the Bamako Initiative. The mid-term review's recommendation for stronger donor

coordination is already being reflected in the national health plan, which emphasizes the Bamako Initiative and the coordination and collaboration of all involved partners.

PROGRAMME COOPERATION, 1998-2002

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	2000	2001	2002	Total
General resources						
Policy development and coordination	166.80	166.80	166.80	166.80	166.80	834.00
Advocacy and communication	125.10	125.10	125.10	125.10	125.10	625.50
Survival of children and women	313.60	313.60	313.60	313.60	313.60	1 568.00
Basic education and empowerment of women	198.64	198.64	198.64	198.64	198.64	993.20
Cross-sectoral costs	95.86	95.86	95.86	95.86	95.86	479.30
Subtotal	900.00	900.00	900.00	900.00	900.00	4 500.00
Supplementary funding						
Policy development and coordination	100.00	210.00	200.00	200.00	200.00	910.00
Advocacy and communication	100.00	200.00	200.00	100.00	100.00	700.00
Survival of children and women	1 512.60	1 512.60	321.60	321.60	321.60	3 990.00
Basic education and empowerment of women	325.00	325.00	250.00	250.00	250.00	1 400.00
Subtotal	2 037.60	2 247.60	971.60	871.60	871.60	7 000.00
Total	2 937.60	3 147.60	1 871.60	1 771.60	1 771.60	11 500.00

Country programme preparation process

14. The Government of Guinea-Bissau has directed the programming exercise under the auspices of the Secretariat of Planning, which ensured the participation of all the departments concerned. The other agencies of the United Nations system, as well as principal partners in bilateral cooperation, such as the Government of the Netherlands, Radda Barnen and major national NGOs were also involved in the process.

Country programme objectives and strategy

15. The proposed country programme has been developed within the context of the Government's Long-Term Perspective Plan (2000-2025) and the NPA. The

programme will aim to improve the situation of children and women in Guinea-Bissau within the framework of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the goals of the World Summit for Children. More specifically, through ensuring effective access of children and women to social services, information and education, the programme will contribute to the following objectives in the four target regions: reduce under-five mortality rates by one quarter and maternal mortality rates by half; increase primary school enrolment rates by 20 per cent; reduce gender disparity in primary education by 50 per cent; and increase water and sanitation coverage to 70 and 62 per cent, respectively. At the same time, such selected survival interventions as EPI and control of diarrhoeal diseases will aim at national coverage. Similarly, policy development, advocacy and communication will also aim to have national impact.

16. The mix of programme strategies will be tailored for each group of interventions and will include the delivery of affordable basic services to the most vulnerable groups; capacity-building at central, regional and local levels to support the decentralization process; and advocacy to inform and mobilize decision makers in promoting the rights of children, youth and women. The strategy mix will emphasize in particular the empowerment of communities and their involvement in the development process, through a combination of mobilization by basic services personnel and organization of community support groups. Beneficiary communities will thus be involved in carrying out activities centred around schools and health centres, such as monitoring the growth of children and improving health and hygiene conditions. The programme will also stress close coordination and collaboration with other donors and NGOs, not only in regions where UNICEF will intervene but also in non-intervention regions, in order to harmonize national strategies and provide coherent support to national policies.

17. Under the new country programme, immunization will be part of an integrated health system that provides basic routine services. Information and social mobilization campaigns will be used to stimulate utilization. The convergence of such other interventions as water and environmental sanitation will ensure the maximum impact of efforts to address problems like malaria and diarrhoea.

18. The country programme will consist of four programmes, each containing elements of both national-level policy development and specific focus on geographic regions, which have been selected on the basis of criteria determined by the convergence of health and education needs. Due consideration has also been given to involvement of donors in other regions and districts of the country. The four intervention regions are those which have been chosen for expansion of the Bamako Initiative strategy by the Ministry of Health, the principal donors and UNICEF. These regions are also characterized by low education completion rates for girls. Experience and results from these four regions will be used to promote a policy framework conducive to the same type of strategies in other parts of the country. In all, the country programme will directly benefit some two thirds of the population of the country.

Policy development and coordination

19. Through training and technical support, the first project of this programme will contribute to the assimilation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women within programmes and institutions which affect children and

women. It will also support the Government in harmonizing legislation with the Convention on the Rights of the Child and establishing mechanisms for monitoring its implementation. Local leaders, regional tribunals, school teachers and other personnel will also be trained in the application of the Convention in their daily work. The second project will ensure increased national capacity for coordination, planning, monitoring and evaluation of social sector programmes, through training in information management and support for the establishment of a national database on children, in collaboration with other United Nations agencies. The project will also focus on the coordination and harmonization of indicators for children and women. Efforts will be made to introduce the geographic information system as a planning and programming tool.

Advocacy and communication

20. This programme will promote a national awareness of the situation of children, youth and women and mobilize decision makers to take initiatives and actions according to the 20/20 principles, thus promoting the well-being of children and enhancing the role of women. It will also contribute to increased use of basic social services in the intervention areas. Through targeted community-based mobilization, education and information efforts, it will sensitize the population in the intervention zones on practices and actions necessary for the survival, development and protection of children and women. To ensure convergence with the efforts of the sectoral programmes, the programme will train technical service personnel in the same geographic regions on the use of interpersonal communication and other community-based information, education and communication (IEC) methods. Messages will be pre-tested and tailored for the different major ethnic groups in the country.

Survival of children and women

21. This programme comprises two projects, one for strengthening the primary health care (PHC) system and the other for improving the water and sanitation environment in the same target regions. The PHC project will have three sub-projects. The first aims to revitalize PHC services in 45 health catchment areas and reinforce them in the 19 areas that were revitalized during the previous programme period. This revitalization of basic health services will have a series of well-defined, measurable objectives, such as increasing the effective coverage of curative services for the population in the target areas from 40 to 90 per cent, ensuring that 90 per cent of sick children under five years of age receive correct integrated case management, increasing the rate of antenatal consultations from 63 to 90 per cent, and increasing the tetanus toxoid coverage for pregnant women to 80 per cent while sustaining the 80 per cent immunization coverage for children under one year of age. A number of lessons learned from the previous programme will be applied, among them the importance of local-level monitoring, regular supervision by regional-level health teams and the active involvement of community members in health centre management. At the same time, the network of health centre staff and community health workers will be trained to carry out preventive actions including health, sanitation and nutrition education, promote the use of anti-malarial impregnated bed-nets, modern family planning methods and educate young people in target communities to use methods preventing STDs, including HIV/AIDS.

22. The second health sub-project aims to strengthen referral care, particularly emergency obstetric care at the regional level, and reduce the case fatality rate of complicated deliveries by 50 per cent. The third sub-project will contribute to a national policy framework conducive to revitalization of

basic health services, including the development of health financing mechanisms. It will also give some targeted support to the achievement of national goals, such as sustaining 80 per cent immunization coverage, eradication of polio and the universal iodization of salt, the latter which is largely funded by the Kiwanis. Due to the high rates of immunization coverage, the eradication of polio, the elimination of neonatal tetanus and control of measles are now within sight.

23. The other project focuses on water, environment, sanitation and hygiene behaviour. A combination of strategies will be used to increase sustained and effective coverage of water supply and sanitation from 60 to 75 per cent and from 24 to 60 per cent, respectively, in the target regions. Communities, schools and health centres will be provided with water supply systems and low-cost latrines. To enhance local and regional capacities, traditional well-diggers will be trained to improve wells, local associations to construct and promote latrines and regional teams to ensure maintenance of water points. At the same time, participatory activities organized in communities by trained animateurs will contribute to improved health and hygiene practices and strengthening of community-based monitoring systems for water supply. This part of the project, which focuses specifically on participatory approaches and behavioural change, builds on past experience. Finally, based on the successful experience of the demonstration project of primary environmental care, 20 "EVA" schools (Escola da Vigilância Ambiental or School of Environmental Observation) will provide practical environmental education for children and through them, their mothers, fathers and communities.

Basic education and empowerment of women

24. The first project of this programme, the universal basic education project, focuses on increasing overall gross enrolment rates in the regions of Cacheu, Tombali and Bissau from 53 to at least 63 per cent and on reducing drop-out rates from 70 to 60 per cent. The quality and efficiency of education, as measured by a series of criteria, will also be improved. In addition, the policy framework for decentralization will be improved and institutional strengthening will be supported through advocacy and training. The second project, relying on supplementary funding, will focus on the education of girls and functional literacy and life skills training for women. It will target the region of Gabu, where girls' enrolment rates are particularly low and drop-out rates high. A combination of activities will be undertaken to increase girls' enrolment from 22 to 55 per cent, reduce their drop-out rates from 82 to 60 per cent and improve their learning environment, through for example, collaborating with the water, environment and sanitation project to ensure separate latrines for girls. It will also sensitize and involve communities in the process. Experience gained and outputs obtained from this project, such as adapted teaching materials and IEC materials, can also be used in other regions. Activities to mobilize the resources of local, national and international partners will also be undertaken, such as seminars with madrassas and private schools.

Cooperation with other agencies

25. UNICEF will continue to liaise with other United Nations agencies, especially the World Health Organization, the United Nations Development Programme, the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund, the World Food Programme and the Joint United Nations Programme on HIV/AIDS, as well as with the World Bank and

bilateral development agencies, through established coordination mechanisms and participation in theme groups. International NGOs, in particular Radda Barnen, International Reference Center, Plan International and International Union for the Conservation of Nature, as well as national NGOs and religious organizations will continue to be major partners in programme implementation.

Mobilization of funds

26. Funds mobilized from bilateral and multilateral sources, as well as the local business community, will be the major sources of supplementary funding, and some have already expressed interest in continuing their cooperation. If supplementary funds are not obtained, implementation will be limited to the four selected regions and service delivery activities will be dropped in favour of policy development, capacity-building and community empowerment activities.

Monitoring and evaluation

27. A detailed and integrated monitoring and evaluation plan has been drawn up to cover all programmes. Key indicators for monitoring have been carefully selected and for the most part these are readily available. A calendar and budget have been developed for indicators that are to be measured in evaluations and surveys. Examples of such evaluative activities include hospital-implemented surveys to measure iron-deficiency anaemia in programme areas, knowledge, attitude and practice studies to evaluate the impact of IEC activities targeting behavioural change on different ethnic groups, and multiple indicator cluster surveys to measure progress on key indicators in all sectors. As part of the annual programme reviews, the integrated monitoring and evaluation plan will be updated and revised.

Programme management

28. Overall, the country programme will be coordinated by the Minister for Planning and International Cooperation. The Ministry will establish an Inter-ministerial Steering Committee composed of major government partners, UNICEF and NGO representatives. The Ministry of Planning has begun to establish branch offices that will assume a coordinating role at the regional and subregional levels. This will ensure better integration of different sectoral components. Programme activities will be executed under the overall responsibility of the relevant sectoral ministry, but often by an NGO. UNICEF will be supporting these entities in the planning, management, monitoring and evaluation of activities. Given the crises that have affected neighbouring countries, steps will be taken towards emergency programme preparedness.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : GUINEA BISSAU
PROGRAMME : 1998-2002

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
POLICY DEVELOPMENT AND COORDINATIO	834,000			834,000	0	0	0	0	0	0	0	2	0	2	0	233,174	233,174
ADVOCACY AND SOCIAL COMMUNICATION	625,500			625,500	0	0	0	0	0	0	0	0	2	2	0	212,933	212,933
SURVIVAL FOR CHILDREN AND WOMEN	1,568,000			1,568,000	0	0	0	0	0	0	0	2	1	3	0	438,767	438,767
BASIC EDUCATION AND WOMEN'S EMPOWE	993,200			993,200	0	0	0	0	0	0	0	1	0	1	0	173,132	173,132
CROSS-SECTORAL COSTS	479,300			479,300	0	0	0	0	0	0	0	0	5	5	0	377,310	377,310
TOTAL GR	4,500,000			4,500,000	0	0	0	0	0	0	0	5	8	13	0	1,435,316	1,435,316
SUPPLEMENTARY FUNDING :																	
POLICY DEVELOPMENT AND COORDINATIO		0	910,000	910,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADVOCACY AND SOCIAL COMMUNICATION		0	700,000	700,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SURVIVAL FOR CHILDREN AND WOMEN		0	3,990,000	3,990,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION AND WOMEN'S EMPOWE		0	1,400,000	1,400,000	0	0	0	0	0	0	0	1	1	2	0	217,826	217,826
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	7,000,000	7,000,000	0	0	0	0	0	0	0	1	1	2	0	217,826	217,826
TOTAL GR & SF	4,500,000	0	7,000,000	11,500,000	0	0	0	0	0	0	0	6	9	15	0	1,653,142	1,653,142
SUPPORT BUDGET			Operating costs	1,056,839													
			Staffing		0	0	1	1	1	0	3	1	7	11	2,645,854	975,589	3,621,443
GRAND TOTAL (GR + SF + SB)					0	0	1	1	1	0	3	7	16	26	2,645,854	2,628,731	5,274,585
	Number of posts and staff costs:																
	Current programme cycle										4	5	14	23			
	At the end of proposed programme cycle (indicative only)										3	7	16	26	2,645,854	2,628,731	5,274,585

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.